



**UNITED STATES OF AMERICA**  
SECURITIES AND EXCHANGE COMMISSION

**ATTESTATION**

I HEREBY ATTEST

on file in this Commission

\_\_\_\_\_  
*Date*

It is hereby certified that the Secretary of the U.S. Securities and Exchange Commission, Washington, DC, which Commission was created by the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.) is official custodian of the records and files of said Commission and was such official custodian at the time of executing the above attestation, and that he/she, and persons holding the positions of Deputy Secretary, Assistant Director, Records Officer, Branch Chief of Records Management, and the Program Analyst for the Records Officer, or anyone of them, are authorized to execute the above attestation.

For the Commission

Handwritten signature of Kevin M. O'Neil in black ink.

\_\_\_\_\_  
Deputy Secretary

## FORM BD

### UNIFORM APPLICATION FOR BROKER-DEALER REGISTRATION

Primary Business Name: BERNARD L. MADOFF INVESTMENT SECURITIES LLC BD Number: 2625

BD - AMENDMENT

01/12/2001

#### BD - APPLICANT INFORMATION

OMB Number .....3235-0012

Expires.....  
Estimated average burden hours per:  
Response.....2.75  
Amendment.....0.33

**WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law applying to the conduct of business as a broker-dealer would violate the Federal securities laws and the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.**

#### ☐ APPLICATION ☒ AMENDMENT

1. Exact name, principal business address, mailing address, if different, and telephone number of *applicant*:

A. **Full name of *applicant***(if sole proprietor, state last, first and middle name):

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

B. **IRS Empl. Ident. No.:**

13-1997126

C. (1) Name under which broker-dealer business primarily is conducted, if different from Item 1A.

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

(2) List on Schedule D, Page 1, Section I, Other Business Names any other name by which the firm conducts business and where it is used.

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the

☐ ***applicant* name (1A)** or ☐ **business name (1C):**

Please check above.

E. **Firm main address: (Do not use a P.O. Box)**

Number and Street 1:

885 THIRD AVENUE

Number and Street 2:

**City:**

NEW YORK

**State:**

New York

**Country:**

UNITED STATES

**Zip/Postal Code:**

10022

F. **Mailing Address, if different:**

**Number and Street 1:**

885 THIRD AVENUE

**Number and Street 2:**

<b>City:</b> NEW YORK	<b>State:</b> New York	<b>Country:</b> UNITED STATES	<b>Zip/Postal Code:</b> 10022
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G. **Business Telephone Number:**  
212-230-2424

H. **Contact Employee:**

<b>Name:</b> PETER MADOFF	<b>Title:</b> DIRECTOR OF TRADING/CHIEF COMPLIANCE OFFICER	<b>Telephone Number:</b> 212-230-2424
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### BD - EXECUTION

#### EXECUTION:

For the purposes of complying with the laws of the State(s) designated in Item 2 relating to either the offer or sale of securities or commodities, the undersigned and *applicant* hereby certify that the *applicant* is in compliance with applicable state surety bonding requirements and irrevocably appoint the administrator of each of those State(s) or such other person designated by law, and the successors in such office, attorney for the *applicant* in said State(s), upon whom may be served any notice, process, or pleading in any action or *proceeding* against the *applicant* arising out of or in connection with the offer or sale of securities or commodities, or out of the violation or alleged violation of the laws of those State(s), and the *applicant* hereby consents that any such action or *proceeding* against the *applicant* may be commenced in any court of competent jurisdiction and proper venue within said State(s) by service of process upon said appointee with the same effect as if *applicant* were a resident in said State(s) and had lawfully been served with process in said State(s).

The *applicant* consents that service of any civil action brought by or notice of any *proceeding* before the Securities and Exchange Commission or any *self-regulatory organization* in connection with the *applicant's* broker-dealer activities, or of any application for a protective decree filed by the Securities Investor Protection Corporation, may be given by registered or certified mail or confirmed telegram to the *applicant's* contact employee at the main address, or mailing address if different, given in Items 1E and 1F.

The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

**Date MM/DD/YYYY**  
01/12/2001

**Name of Applicant**  
BERNARD L. MADOFF INVESTMENT SECURITIES LLC

**Authorized Signatory**  
PETER MADOFF

**Title**  
CHIEF COMPLIANCE OFFICER

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
Year

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_ County of \_\_\_\_\_ State of \_\_\_\_\_

### BD - SECURITIES AND EXCHANGE COMMISSION

2. Indicate by checking the appropriate box(es) each governmental authority, organization, or *jurisdiction* in which the *applicant* is registered or registering as a broker-dealer. ☒

If *applicant* is registered or registering with the SEC, check here and answer Items 2A through 2D below.

	YES	NO
A. Is <i>applicant</i> registered or registering as a broker-dealer under Section 15(b) or Section 15B of the Securities Exchange Act of 1934?	<input checked="" type="radio"/>	<input type="radio"/>
B. Is <i>applicant</i> registered or registering as a broker-dealer under Section 15(b) of the Securities Exchange Act of 1934 and also acting or intending to act as a government securities broker or dealer?	<input type="radio"/>	<input checked="" type="radio"/>
C. Is <i>applicant</i> registered or registering <u>solely</u> as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934?	<input type="radio"/>	<input checked="" type="radio"/>
<i>Do not answer "yes" to Item 2C if applicant answered "yes" to Item 2A or Item 2B.</i>		
D. Is <i>applicant</i> ceasing its activities as a government securities broker or dealer?	<input type="radio"/>	<input checked="" type="radio"/>
<i>If applicant answers "yes" to Items 2A and 2D, applicant expressly consents to the withdrawal of its registration as a government securities broker or dealer under Section 15C of the Securities Exchange Act of 1934. See "Instructions."</i>		

### SECURITY FUTURES PRODUCTS ACTIVITIES

(Note: The field below is reserved exclusively for the reporting of single stock futures activities by registered broker-dealers. This field cannot be utilized until the SEC approves rules relating to the form and content of such reporting.)

### BD - SRO / JURISDICTION

#### BD - SELF REGULATORY ORGANIZATIONS

<input checked="" type="checkbox"/> NASD	<input type="checkbox"/> ARCA	<input type="checkbox"/> CBOE	<input type="checkbox"/> ISE	<input type="checkbox"/> NYSE
<input type="checkbox"/> AMEX	<input type="checkbox"/> BX	<input type="checkbox"/> CHX	<input checked="" type="checkbox"/> NSX	<input type="checkbox"/> PHLX

#### BD - JURISDICTION

<input checked="" type="checkbox"/> Alabama	<input checked="" type="checkbox"/> Illinois	<input checked="" type="checkbox"/> Montana	<input type="checkbox"/> Puerto Rico
<input checked="" type="checkbox"/> Alaska	<input checked="" type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input checked="" type="checkbox"/> Rhode Island
<input checked="" type="checkbox"/> Arizona	<input checked="" type="checkbox"/> Iowa	<input checked="" type="checkbox"/> Nevada	<input checked="" type="checkbox"/> South Carolina
<input checked="" type="checkbox"/> Arkansas	<input checked="" type="checkbox"/> Kansas	<input checked="" type="checkbox"/> New Hampshire	<input checked="" type="checkbox"/> South Dakota
<input checked="" type="checkbox"/> California	<input checked="" type="checkbox"/> Kentucky	<input checked="" type="checkbox"/> New Jersey	<input checked="" type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Colorado	<input checked="" type="checkbox"/> Louisiana	<input checked="" type="checkbox"/> New Mexico	<input checked="" type="checkbox"/> Texas
<input checked="" type="checkbox"/> Connecticut	<input checked="" type="checkbox"/> Maine	<input checked="" type="checkbox"/> New York	<input checked="" type="checkbox"/> Utah
<input checked="" type="checkbox"/> Delaware	<input checked="" type="checkbox"/> Maryland	<input checked="" type="checkbox"/> North Carolina	<input checked="" type="checkbox"/> Vermont
<input checked="" type="checkbox"/> District of Columbia	<input checked="" type="checkbox"/> Massachusetts	<input checked="" type="checkbox"/> North Dakota	<input type="checkbox"/> Virginia
<input checked="" type="checkbox"/> Florida	<input checked="" type="checkbox"/> Michigan	<input checked="" type="checkbox"/> Ohio	<input checked="" type="checkbox"/> Washington
<input checked="" type="checkbox"/> Georgia	<input checked="" type="checkbox"/> Minnesota	<input checked="" type="checkbox"/> Oklahoma	<input checked="" type="checkbox"/> West Virginia
<input checked="" type="checkbox"/> Hawaii	<input checked="" type="checkbox"/> Mississippi	<input checked="" type="checkbox"/> Oregon	<input checked="" type="checkbox"/> Wisconsin
<input checked="" type="checkbox"/> Idaho	<input checked="" type="checkbox"/> Missouri	<input checked="" type="checkbox"/> Pennsylvania	<input checked="" type="checkbox"/> Wyoming

### BD - LEGAL STATUS

3. A. Indicate legal status of *applicant*:

<input type="radio"/> Corporation	<input checked="" type="radio"/> Sole Proprietorship	<input type="radio"/> Other ( <i>specify</i> )
<input type="radio"/> Partnership	<input type="radio"/> Limited Liability Company	

B. Month *applicant's* fiscal year ends:  
OCTOBER

C. If other than a sole proprietor, indicate date and place *applicant* obtained its legal status (i.e., state or country where incorporated, where partnership agreement was filed, or where *applicant* entity was formed):

**State of formation:**      **Country of formation:**      **Date of formation:** MM/DD/YYYY

*Schedule A, Direct Owners and Executive Officers Section and, if applicable, Schedule B, Indirect Owners Section must be completed as part of all initial applications. Amendments to these schedules must be provided on Schedule C.*

4. If *applicant* is a sole proprietor, state full residence address and Social Security Number.

**Social Security Number:**  
xxx-xx-xxxx

**Number and Street 1:**  
133 EAST 64TH STREET

**Number and Street 2:**

**City:**  
NEW YORK

**State:**  
New York

**Country:**  
UNITED STATES OF AMERICA

**Zip/Postal Code:**  
10021

#### BD - SUCCESSION

YES NO

5. Is *applicant* at the time of this filing *succeeding* to the business of a currently registered broker-dealer? ☒ ☐

*Do not report previous successions already reported on Form BD.*

*If "Yes," contact CRD prior to submitting form; complete appropriate items on Schedule D, Page 1, Section III.*

#### BD - ARRANGEMENTS

Yes No

6. Does *applicant* hold or maintain any funds or securities or provide clearing services for any other broker or dealer? ☐ ☒

7. Does *applicant* refer or introduce customers to any other broker or dealer? ☐ ☒

*If "yes," complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.*

8. Does *applicant* have any arrangement with any other *person*, firm, or organization under which:

A. any books or records of *applicant* are kept or maintained by such other *person*, firm or organization? ☐ ☒

B. accounts, funds, or securities of the *applicant* are held or maintained by such other *person*, firm, or organization? ☐ ☒

- C. accounts, funds, or securities of customers of the *applicant* are held or maintained by such other *person*, firm, or organization? ☐ ☒

*For purposes of 8B and 8C, do not include a bank or satisfactory control location as defined in paragraph(c) of Rule 15c3-3 under the Securities Exchange Act of 1934 (17 CFR 240. 15c3-3). If "Yes" to any part of Item 8, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.*

9. Does any *person* not named in Item 1 or Schedules A, B, or C, directly or indirectly:

A. *control* the management or policies of the *applicant* through agreement or otherwise? ☐ ☒

B. wholly or partially finance the business of *applicant*? ☐ ☒

*Do not answer "yes" to 9B if the person finances the business of the applicant through: 1) a public offering of securities made pursuant to the Securities Act of 1933; 2) credit extended in the ordinary course of business by suppliers, banks, and others; or 3) a satisfactory subordination agreement, as defined in Rule 15c3-1 under the Securities Exchange Act of 1934 (17 CFR 240. 15c3-1). If "Yes" to any part of Item 9, complete appropriate items on Schedule D, Page 1, Section IV, Arrangement Detail.*

## BD - BUSINESS AFFILIATES

### BD - Control Affiliates

YES NO

10. A. Directly or indirectly, does *applicant control*, is *applicant controlled* by, or is *applicant* under common *control* with, any partnership, corporation, or other organization that is engaged in the securities or investment advisory business? ☒ ☐

*If "Yes" to Item 10A, complete appropriate items on Schedule D, Page 2, Section V, Firm Affiliates.*

- B. Directly or indirectly, is *applicant controlled* by any bank holding company, national bank, state member bank of the Federal Reserve System, state non-member bank, savings bank or association, credit union, or foreign bank? ☐ ☒

*If "Yes" to Item 10B, complete appropriate items on Schedule D, Page 3, Section VI, Bank Affiliates.*

## BD - DISCLOSURE QUESTIONS

11. Use the appropriate DRP for providing details to "yes" answers to the questions in Item 11. Refer to the Explanation of Terms section of Form BD Instructions for explanations of italicized terms.

### CRIMINAL DISCLOSURE

- A. In the past ten years has the *applicant* or a *control affiliate*:

YES NO

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to any *felony*? ☐ ☒

(2) been *charged* with any *felony*? ☐ ☒

- B. In the past ten years has the *applicant* or a *control affiliate*:

(1) been convicted of or pled guilty or nolo contendere ("no contest") in a domestic, foreign or military court to a *misdemeanor involving*: investments or an *investment-related* business, ☐ ☒

- or any fraud, false statements or omissions, wrongful taking of property, bribery, perjury, forgery, counterfeiting, extortion, or a conspiracy to commit any of these offenses?
- (2) been *charged* with a *misdemeanor* specified in 11B(1)?

☐ ☒

### REGULATORY ACTION DISCLOSURE

- C. Has the U.S. Securities and Exchange Commission or the Commodity Futures Trading Commission ever:
- (1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission?
- (2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of its regulations or statutes?
- (3) *found* the *applicant* or a *control affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?
- (4) entered an *order* against the *applicant* or a *control affiliate* in connection with an *investment-related* activity?
- (5) imposed a civil money penalty on the *applicant* or a *control affiliate*, or *ordered* the *applicant* or a *control affiliate* to cease and desist from any activity?
- D. Has any other federal regulatory agency, any state regulatory agency, or *foreign financial regulatory authority*:
- (1) ever *found* the *applicant* or a *control affiliate* to have made a false statement or omission or been dishonest, unfair, or unethical?
- (2) ever *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of *investment-related* regulations or statutes?
- (3) ever *found* the *applicant* or a *control affiliate* to have been a cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?
- (4) in the past ten years, entered an *order* against the *applicant* or a *control affiliate* in connection with an *investment-related* activity?
- (5) ever denied, suspended, or revoked the *applicant's* or a *control affiliate's* registration or license or otherwise, by *order*, prevented it from associating with an *investment-related* business or restricted its activities?
- E. Has any *self-regulatory organization* or commodities exchange ever:
- (1) *found* the *applicant* or a *control affiliate* to have made a false statement or omission?
- (2) *found* the *applicant* or a *control affiliate* to have been *involved* in a violation of its rules (other than a violation designated as a "*minor rule violation*" under a plan approved by the U.S. Securities and Exchange Commission)?
- (3) *found* the *applicant* or a *control affiliate* to have been the cause of an *investment-related* business having its authorization to do business denied, suspended, revoked, or restricted?
- (4) disciplined the *applicant* or a *control affiliate* by expelling or suspending it from membership, barring or suspending its association with other members, or otherwise restricting its activities?
- F. Has the *applicant's* or a *control affiliate's* authorization to act as an attorney, accountant, or federal contractor ever been revoked or suspended?
- G. Is the *applicant* or a *control affiliate* now the subject of any regulatory *proceeding* that could result in a "yes" answer to any part of 11C, D, or E?

YES NO

☐ ☒

☐ ☒

☐ ☒

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### CIVIL JUDICIAL ACTION DISCLOSURE

- H. (1) Has any domestic or foreign court:
- (a) in the past ten years, *enjoined* the *applicant* or a *control affiliate* in connection with any *investment-related* activity?
- (b) ever *found* that the *applicant* or a *control affiliate* was *involved* in a violation of *investment-related* statutes or regulations?
- (c) ever dismissed, pursuant to a settlement agreement, an *investment-related* civil action brought against the *applicant* or *control affiliate* by a state or *foreign financial regulatory authority*?

YES NO

☐ ☒

☐ ☒

☐ ☒

(2) Is the *applicant* or a *control affiliate* now the subject of any civil *proceeding* that could result in a "yes" answer to any part of 11H(1)?

☐ ☒

### FINANCIAL DISCLOSURE

I. In the past ten years has the *applicant* or a *control affiliate* of the *applicant* ever been a securities firm or a *control affiliate* of a securities firm that:

YES NO

(1) has been the subject of a bankruptcy petition?

☐ ☒

(2) has had a trustee appointed or a direct payment procedure initiated under the Securities Investor Protection Act?

☐ ☒

J. Has a bonding company ever denied, paid out on, or revoked a bond for the *applicant*?

☐ ☒

K. Does the *applicant* have any unsatisfied judgments or liens against it?

☐ ☒

### BD - TYPES OF BUSINESS

12. Check types of business engaged in (or to be engaged in, if not yet active) by *applicant*. Do not check any category that accounts for (or is expected to account for) less than 1% of annual revenue from the securities or investment advisory business.

A. Exchange member engaged in exchange commission business other than floor activities. ☐ EMC

B. Exchange member engaged in floor activities. ☐ EMF

C. Broker or dealer making inter-dealer markets in corporate securities over-the-counter. ☒ IDM

D. Broker or dealer retailing corporate equity securities over-the-counter. ☐ BDR

E. Broker or dealer selling corporate debt securities. ☐ BDD

F. Underwriter or selling group participant (corporate securities other than mutual funds). ☐ USG

G. Mutual fund underwriter or sponsor. ☐ MFU

H. Mutual fund retailer. ☐ MFR

I. 1. U.S. government securities dealer. ☐ GSD

2. U.S. government securities broker. ☐ GSB

J. Municipal securities dealer. ☐ MSD

K. Municipal securities broker. ☐ MSB

L. Broker or dealer selling variable life insurance or annuities. ☐ VLA

M. Solicitor of time deposits in a financial institution. ☐ SSL

N. Real estate syndicator. ☐ RES

O. Broker or dealer selling oil and gas interests. ☐ OGI

P. Put and call broker or dealer or option writer. ☐ PCB

Q. Broker or dealer selling securities of only one issuer or associate issuers (other than mutual funds). ☐ BIA



- R. Broker or dealer selling securities of non-profit organizations (e.g., churches, hospitals). ☐ NPB
- S. Investment advisory services. ☐ IAD
- T. 1. Broker or dealer selling tax shelters or limited partnerships in primary distributions. ☐ TAP
2. Broker or dealer selling tax shelters or limited partnerships in the secondary market. ☐ TAS
- U. Non-exchange member arranging for transactions in listed securities by exchange member. ☐ NEX
- V. Trading securities for own account. ☒ TRA
- W. Private placement of securities. ☐ PLA
- X. Broker or dealer selling interests in mortgages or other receivables. ☐ MRI
- Y. Broker or dealer involved in a networking, kiosk or similar arrangement with a:
1. bank, savings bank or association, or credit union. ☐ BNA
2. insurance company or agency ☐ INA
- Z. Other (give details on Schedule D, Page 1, Section II, Other Business) ☒ OTH

YES NO

13. A. Does *applicant* effect transactions in commodity futures, commodities or commodity options as a broker for others or as a dealer for its own account? ☐ Yes ☒ No

B. Does *applicant* engage in any other non-securities business? ☐ Yes ☒ No

*If "yes", describe each other business briefly on Schedule D, Page 1, Section II, Other Business.*

**BD - DIRECT OWNERS/EXECUTIVE OFFICERS**

Are there any indirect owners of the *applicant* required to be reported on Schedule B?

☐ Yes ☒ No

<b>Ownership Codes:</b>	<b>NA - less than 5%</b>	<b>B - 10% but less than 25%</b>	<b>D - 50% but less than 75%</b>
	<b>A - 5% but less than 10%</b>	<b>C - 25% but less than 50%</b>	<b>E - 75% or more</b>

Full Legal Name	DE/FE/I	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or S.S.No., IRS Tax #, Emp. ID)
MADOFF, BERNARD LAWRENCE	I	SOLE MEMBER	01/2001	E	Y	N	316687

MADOFF, PETER BARNETT	I	DIRECTOR OF TRADING/CHIEF COMPLIANCE OFFICER	06/1969	NA	Y	N	316688
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**BD - INDIRECT OWNERS****No Information Filed****BD Schedule C - Amendments to Schedules A & B**

In the Type of Amd. column, indicate "A" (addition), "D" (deletion), or "C" (change of information about the same *person*).

<b>Ownership Codes</b>	<b>NA</b> - less than 5%	<b>B</b> - 10% but less than 25%	<b>D</b> - 50% but less than 75%	<b>F</b> - Other General Partners
<b>are:</b>	<b>A</b> - 5% but less than 10%	<b>C</b> - 25% but less than 50%	<b>E</b> - 75% or more	

List below all changes to Schedule A: (DIRECT OWNERS AND EXECUTIVE OFFICERS)

Full Legal Name	DE/FE/I	Type of Amd.	Title or Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
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**No Information Filed**

List below all changes to Schedule B: (INDIRECT OWNERS)

Full Legal Name	DE/FE/I	Type of Amd.	Entity in Which Interest is Owned	Status	Date Acquired	Own. Code	Control Person	PR	CRD # (or SSN, IRS Tax #, Emp. ID)
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**No Information Filed****BD - OTHER BUSINESS NAMES****No Information Filed****BD - OTHER BUSINESS**

**Briefly describe any other business (Item 12Z).**

BERNARD L. MADOFF IS A MEMBER OF THE CINCINNATI STOCK EXCHANGE AND IS A DESIGNATED MARKET-MAKER ON THAT EXCHANGE, ENGAGED IN INTER-DEALER MARKET-MAKING ACTIVITIES.

**Briefly describe any other non-securities business (Item 13B).**

**BD - SUCCESSIONS**

**Date of Succession:** MM/DD/YYYY  
01/01/2001

**Name of Predecessor:**  
BERNARD L. MADOFF

**Firm CRD Number**  
2625

**IRS Employer Identification Number (if any)**  
13-1997126

**SEC File Number (if any)**  
8- 08132

**Briefly describe details of the *succession* including any assets or liabilities not assumed by the *successor*.**

EFFECTIVE JANUARY 1, 2001, PREDECESSOR WILL TRANSFER TO SUCCESSOR ALL OF PREDECESSOR'S ASSETS AND LIABILITIES, RELATED TO PREDECESSOR'S BUSINESS. THE TRANSFER WILL NOT RESULT IN ANY CHANGE IN OWNERSHIP OR CONTROL.

**BD - ARRANGEMENTS / CONTROL PERSONS / FINANCING**

**No Information Filed**

**BD - AFFILIATES**

**Business**

The details supplied relate to:

**Partnership, Corporation, or Organization Name** **CRD Number (if any)**  
MADOFF SECURITIES INTERNATIONAL LTD.

**The Partnership, Corporation, or Organization**

- ☐ *controls applicant*
- ☒ *is controlled by applicant*
- ☐ *is under common control with applicant*

**Business Address**

<b>Street 1</b>	<b>Street 2</b>		
12 BERKELEY STREET			
<b>City</b>	<b>State</b>	<b>Country</b>	<b>Zip/Postal Code</b>
MAYFAIR		LONDON	W1X58AD
<b>Effective Date (MM/DD/YYYY)</b>		<b>Termination Date (MM/DD/YYYY)</b>	
12/31/1998			

**Is Partnership, Corporation or Organization a foreign entity?** **If Yes, provide country of domicile or incorporation**  
☒ Yes ☐ No **UNITED KINGDOM**

**Activities of this Partnership, Corporation, or Organization:**

**Securities Activities** ☒ Yes ☐ No

**Investment Advisory Activities** ☐ Yes ☒ No

**Briefly describe the *control* relationship**

BERNARD L. MADOFF OWNS 30.8% OF MADOFF SECURITIES INTERNATIONAL LTD., A REGISTERED COMPANY IN THE UNITED KINGDOM. THE COMPANY IS A MEMBER OF THE LONDON STOCK EXCHANGE.

**BD - BRANCHES**

**No Information Filed**

**BD - CRIMINAL DRP**

No Information Filed

**BD - REGULATORY ACTION DRP**

This Disclosure Reporting Page (DRP BD) is an ☐ **INITIAL** OR ☒ **AMENDED** response used to report details for affirmative responses to **Items 11C, 11D, 11E, 11F or 11G** of Form BD;

**Check item(s) being responded to:**

**Regulatory Action**

<input type="checkbox"/> 11C(1)	<input type="checkbox"/> 11C(5)	<input type="checkbox"/> 11D(4)	<input type="checkbox"/> 11E(3)
<input type="checkbox"/> 11C(2)	<input type="checkbox"/> 11D(1)	<input type="checkbox"/> 11D(5)	<input type="checkbox"/> 11E(4)

☐ 11C(3)☐ 11D(2)☐ 11E(1)☐ 11F☐ 11C(4)☐ 11D(3)☒ 11E(2)☐ 11G

Use a separate DRP for each event or *proceeding*. An event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

It is not a requirement that documents be provided for each event or *proceeding*. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.

If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP (BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP (BD) or DRP (U4). If a *control affiliate* is an individual or organization not registered through the CRD, provide complete answers to all the items on the *applicant's* appropriate DRP (BD). The completion of this DRP does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART I**

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☒ **The Applicant**  
☐ **Applicant and one or more control affiliates**  
☐ **One or more control affiliates**

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the *control affiliate* is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

☐ **This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.**

B. If the *control affiliate* is registered through the CRD, has the *control affiliate* submitted a DRP (with Form U4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

☐ Yes ☒ No

**NOTE:** The completion of this form does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART II**

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or SRO)  
 NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.

2. Principal Sanction:

Censure

Other Sanctions:

3. Date Initiated (MM/DD/YYYY):

07/01/1963 ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

4. Docket/Case Number:

COMPLAINT NO. NY-802

5. *Control Affiliate* Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

No Product

Other Product Types:

7. Describe the allegations related to this regulatory action. (The information must fit within the space provided.)

VIOLATION OF NASD RULES 2230 AND 2110

8. Current status ? ☐ **Pending** ☐ **On Appeal** ☒ **Final**

9. If on appeal, regulatory action appealed to: (SEC, *SRO*, Federal or State Court) and Date Appeal Filed:

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.**

10. How was matter resolved:

Decision

11. Resolution Date (MM/DD/YYYY):

11/08/1963 ☒ **Exact** ☐ **Explanation**

If not exact, provide explanation:

12. **Resolution Detail:**

A. Were any of the following Sanctions Ordered? (Check all appropriate items):

☒ **Monetary/Fine**

**Amount: \$ 500.00**

☐ **Revocation/Expulsion/Denial**

☐ **Disgorgement/Restitution**

☒ **Censure**

☐ **Cease and Desist/Injunction**

☐ **Bar**

☐ **Suspension**

B. Other Sanctions Ordered:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against *applicant* or *control affiliate*, date paid and if any portion of penalty was waived:

FINED IN THE AMOUNT OF \$500 AND ASSESSED COSTS OF THE PROCEEDING IN THE AMOUNT OF \$60.65. THE FINE AND COSTS OF THE PROCEEDINGS WERE PAID IN FULL IN NOVEMBER 1963.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)  
THE FINDING OF A VIOLATION OF NASD RULE 2230 WAS LIMITED TO A TECHNICAL INFRACTION.

This Disclosure Reporting Page (DRP BD) is an ☐ INITIAL OR ☒ AMENDED response used to report details for affirmative responses to **Items 11C, 11D, 11E, 11F or 11G** of Form BD;

Check item(s) being responded to:

**Regulatory Action**

- |                                 |                                 |  |                                 |
|---------------------------------|---------------------------------|--|---------------------------------|
| <input type="checkbox"/> 11C(1) | <input type="checkbox"/> 11C(5) | <input type="checkbox"/> 11D(4)            | <input type="checkbox"/> 11E(3) |
| <input type="checkbox"/> 11C(2) | <input type="checkbox"/> 11D(1) | <input type="checkbox"/> 11D(5)            | <input type="checkbox"/> 11E(4) |
| <input type="checkbox"/> 11C(3) | <input type="checkbox"/> 11D(2) | <input type="checkbox"/> 11E(1)            | <input type="checkbox"/> 11F    |
| <input type="checkbox"/> 11C(4) | <input type="checkbox"/> 11D(3) | <input checked="" type="checkbox"/> 11E(2) | <input type="checkbox"/> 11G    |

Use a separate DRP for each event or *proceeding*. An event or *proceeding* may be reported for more than one *person* or entity using one DRP. File with a completed Execution Page.

One event may result in more than one affirmative answer to Items 11C, 11D, 11E, 11F or 11G. Use only one DRP to report details related to the same event. If an event gives rise to actions by more than one regulator, provide details to each action on a separate DRP.

It is not a requirement that documents be provided for each event or *proceeding*. Should they be provided, they will not be accepted as disclosure in lieu of answering the questions on this DRP.

If a *control affiliate* is an individual or organization registered through the CRD, such *control affiliate* need only complete Part I of the *applicant's* appropriate DRP (BD). Details of the event must be submitted on the *control affiliate's* appropriate DRP (BD) or DRP (U4). If a *control affiliate* is an individual or organization not registered through the CRD, provide complete answers to all the items on the *applicant's* appropriate DRP (BD). The completion of this DRP does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART I**

A. The *person(s)* or entity(ies) for whom this DRP is being filed is (are):

- ☒ **The Applicant**  
☐ **Applicant and one or more control affiliates**  
☐ **One or more control affiliates**

If this DRP is being filed for a *control affiliate*, give the full name of the *control affiliate* below (for individuals, Last name, First name, Middle name).

If the *control affiliate* is registered with the CRD, provide the CRD number. If not, indicate "non-registered" by checking the appropriate checkbox.

☐ **This DRP should be removed from the BD record because the *control affiliate(s)* are no longer associated with the BD.**

B. If the *control affiliate* is registered through the CRD, has the *control affiliate* submitted a DRP (with Form U4) or BD DRP to the CRD System for the event? If the answer is "Yes," no other information on this DRP must be provided.

- ☐ Yes ☒ No

**NOTE:** The completion of this form does not relieve the *control affiliate* of its obligation to update its CRD records.

**PART II**

1. Regulatory Action initiated by:

☐ SEC ☐ Other Federal ☐ State ☒ SRO ☐ Foreign

(Full name of regulator, *foreign financial regulatory authority*, federal, state, or *SRO*)

NATIONAL ASSOCIATION OF SECURITIES DEALERS, INC.

2. Principal Sanction:

Other

Other Sanctions:

FINE

3. Date Initiated (MM/DD/YYYY):

11/22/1974 ☐ Exact ☒ Explanation

If not exact, provide explanation:

INFORMATION NO LONGER AVAILABLE DUE TO AGE OF THE COMPLAINT.

4. Docket/Case Number:

N-NV-86

- 5.
- Control Affiliate*
- Employing Firm when activity occurred which led to the regulatory action (if applicable):

6. Principal Product Type:

No Product

Other Product Types:

7. Describe the allegations related to this regulatory action. (The information must fit within the space provided.)

INFORMATION NO LONGER AVAILABLE DUE TO AGE OF THE COMPLAINT.

8. Current status ?
- ☐
- Pending
- ☐
- On Appeal
- ☒
- Final

9. If on appeal, regulatory action appealed to: (SEC,
- SRO*
- , Federal or State Court) and Date Appeal Filed:

**If Final or On Appeal, complete all items below. For Pending Actions, complete Item 13 only.**

10. How was matter resolved:

Decision

11. Resolution Date (MM/DD/YYYY):

11/19/1974 ☒ Exact ☐ Explanation

If not exact, provide explanation:

- 12.
- Resolution Detail:**

A. Were any of the following Sanctions Ordered? (Check all appropriate items):

☒ Monetary/Fine

Amount: \$ 25.00

☐ Revocation/Expulsion/Denial

☐ Disgorgement/Restitution

☐ Censure

☐ Cease and Desist/Injunction

☐ Bar

☐ Suspension

## B. Other Sanctions Ordered:

C. Sanction detail: if suspended, *enjoined* or barred, provide duration including start date and capacities affected (General Securities Principal, Financial Operations Principal, etc.). If requalification by exam/retraining was a condition of the sanction, provide length of time given to requalify/retrain, type of exam required and whether condition has been satisfied. If disposition resulted in a fine, penalty, restitution, disgorgement or monetary compensation, provide total amount, portion levied against *applicant* or *control affiliate*, date paid and if any portion of penalty was waived:

FINE IN THE AMOUNT OF \$25.00. NO OTHER INFORMATION IS AVAILABLE DUE TO THE AGE OF THE COMPLAINT.

13. Provide a brief summary of details related to the action status and (or) disposition and include relevant terms, conditions and dates. (The information must fit within the space provided.)

**BD - CIVIL JUDICIAL DRP**

No Information Filed

**BD - BANKRUPTCY DRP**

No Information Filed

**BD - BOND DRP**

No Information Filed

**BD - JUDGMENT LIEN DRP**

No Information Filed

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